

## **APPENDIX D**

### **Utilization Review Guidelines** *(Revised December 2002)*

## CSA Utilization Review Guidelines

### Definitions

Utilization Management - A set of techniques used by, or on behalf of purchasers of health and human services to manage the provision and cost of services by influencing client care and decision making through systematic data driven processes.

Utilization Review - A formal assessment of the necessity, efficiency and appropriateness of the services and treatment plan for an individual. Utilization review (UR) is part of the utilization management process.

Levels of Need Chart - A chart which incorporates the Child and Adolescent Functional Assessment Scale (CAFAS™) score and other variables to provide guidance in placement decisions. It is found in *Guidelines for Assisting Localities to Provide Appropriate, Cost Efficient Services for Children and Families Served by the Comprehensive Services Act*.

### Utilization Review Elements

#### Children Below Level of Need One

For children not reaching level one of the Levels of Need Chart, the case management requirements of the applicable stakeholder agencies will meet CSA requirements. An initial CAFAS™ is required for **all** children receiving CSA-funded services. There is no requirement that CAFAS™ be repeated for children not initially meeting level one; however, an annual CAFAS™ is recommended.

#### Children at Levels of Need One through Five

Utilization review for children at levels one through five of the Levels of Need Chart includes but is not limited to the following 15 items:

1. Verification of date services initiated
2. Verification of delivery of service(s)
3. Verification of quality of service(s)
4. Progress in meeting identified, specific short-term outcomes and goals in Individual Family Services Plan (IFSP) or the IEP as appropriate
5. Progress in working toward identified, specific long-range outcomes
6. Current medication status, as applicable
7. Educational progress
8. Verification of school attendance
9. Written materials outlining all modifications vendor has made to IFSP
10. Current CAFAS™/ PECFAS™ score
11. Participation of family/legal guardian in client interventions and in other services included in the IFSP or the IEP, as appropriate

12. Strategies to engage families if they are not currently participating
13. Steps to be taken if progress toward meeting outcomes is not being made. (May include changing services and/or vendors or reconsidering outcomes)
14. Steps to be taken if outcomes are being met
  - (a.) Continue services necessary to meet outcomes and goals
  - (b.) Develop plan and time line to transition the child to less restrictive setting
15. Date for next utilization review

Reviews of children at levels of need one through five may be a paper review of written reports or a site visit.

For children at level of need **five**, the locality should receive written monthly progress reports from the vendor. For children at level of need five placed in residential facilities licensed through the Department of Interdepartmental Regulation, the locality must have telephone, written or face to face contact with the vendor within three working days after placement.

#### Level of Need 6

For children at level six of the Levels of Need Chart, a daily review of risk factors is required. The placement at this level will be short term for acute psychiatric hospitalization.

The review must be a combination of site visits, telephone calls and paper reviews. The review includes but is not limited to:

1. Verification of delivery of service(s)
2. Verification of date service initiated
3. Review of risk factors that caused acute hospitalization
4. Current medication status, as appropriate
5. Participation of family/legal guardian in client interventions and other services as included the IFSP or the IEP, as appropriate
6. Strategies to engage families if they are not currently participating

For children at level of need six, the parent/legal guardian of the child in placement may assist with up to two reviews per week if parent receives orientation from the case manager and is provided with a checklist of appropriate questions. Local staff or their designee should make every effort to conduct a site visit at the time of placement or within three working days after placement is made. The locality should receive a report from the vendor detailing the child's adjustment within three treatment days.

#### **Utilization Review Frequency**

The frequency of utilization review is based on the utilization management model chosen by the locality. Localities using the state endorsed model must follow the review schedule in the Levels of Need Chart (schedule shown on page 3). Localities using locally designed models must follow the review schedule in their approved plans.

Localities using the state endorsed model must adhere to the following schedule for utilization review and CAFAS™. For CSA, the CAFAS™ is based on the child's most severe level of dysfunction for the previous three months.

Level of Need	Utilization Review	CAFAS™
1	Every 3 months	Every 6 months
2	Every 3 months	Every 3 months
3	Every 2 months	Every 3 months
4	Monthly	Every 3 months
5	Monthly	Every 3 months
6	Daily	Every 3 months

### **Guidelines for Setting Goals/Outcomes on the Individual Family Service Plan**

1. Goals are the actions desired from the child or family. Interventions are the actions the treating professionals will initiate to assist the child/family in reaching the goals.
2. Goals should be measurable from one review period to the next, so that progress or lack of progress can be easily detected. In addition, stating goals in reference to the number of incidents of a certain type of behavior is usually preferable over the use of percentages. Percentages are often more difficult to measure and quantify, with respect to goal setting. For example, if the goal is stated, as “Child will have no physical aggression for 30% of the time,” how will the time be measured? The following related goal using the number of incidents as a baseline is easier to measure: “Child will have no more than three episodes per week of physically aggressive behavior towards others.”
3. Goals should be specific, realistic for the child to achieve, and should directly relate to the reason or reasons the child is receiving services.
4. Try to correlate the IFSP with the vendor treatment plan.
5. All progress reports and summaries should speak directly to the goals on the IFSP and the vendor treatment plan.

### **EXAMPLE OF APPROPRIATE GOAL SETTING FOR A YOUTH IN A RESIDENTIAL SETTING**

Admission/Baseline Data (April 2002): Youth has a history of impulsiveness and poor judgment to include assault with a deadly weapon (machine gun) in April 2002, armed robbery, and unlawful use of a vehicle. Youth has difficulty with limits and authority figures. He has had involvement with the legal system starting in January of 2001, including driving without a permit in June 2001, and possession of cocaine. During a pretrial he was drug tested 31 times, and of these times he tested 10 times positive for marijuana and 3 times positive for cocaine. He also has known gang involvement. Youth has issues of unresolved grief related to multiple losses. These include the murder of a maternal uncle when youth was 14 years of age, and the death of a friend who was playing Russian roulette in February 2002. After these losses, he has reported feeling empty, hurt, stuck, weak, mad, and not sure how to deal with his feelings.

Long-term Goals:

1. Youth will interact in a positive safe manner with others to the extent that he can be safely managed in a less restrictive level of care such as the community, a transitional group home, independent living program, or foster home. Target date: September 30, 2002.
2. Youth will develop a positive self-image, as well as a realistic understanding and acceptance of his strengths and weaknesses. Target date: September 30, 2002.

Short-term Goals:

1. Youth will be able to verbalize that he recognizes the dangers in provoking and instigating negative behavior in others. Target date: July 31, 2002.
2. Youth will respond to residential staff directives with no more than one prompt per episode. Target date: July 31, 2002.
3. Youth will have no episodes of verbally threatening or intimidating behavior towards peers or residential staff. Target date: July 31, 2002.
4. Youth will have no episodes of physical aggression. Target date: July 31, 2002.
5. Youth will have no more than one episode per week of verbal disrespect towards residential staff. Target date: July 31, 2002.
6. Youth will be able to identify and verbalize the negative consequences of his illegal drug use and selling of drugs. Target date: July 31, 2002.
7. Youth will be able to identify and verbalize at least three ways his previous peer relations (gang-related activity) have endangered his life. Target date: July 31, 2002.
8. Youth will begin to process in individual therapy his feelings of grief related to his uncle and friend's deaths, and the current separation from his family. Target date: July 31, 2002.

Interventions:

1. Staff will set firm limits with youth to help with his aggressive and impulsive behavior.
2. Staff members will model appropriate behavior and appropriate communication techniques for youth.
3. Staff will encourage youth to interact with others in a manner that is not intimidating or threatening. The therapist and residential staff will help youth to identify how his body language and attitude impacts others.
4. Since youth enjoys writing poetry, individual therapist will encourage him to write about his feelings in a journal.
5. The individual therapist will encourage the youth to share his feelings in individual therapy regarding the numerous losses he has suffered, and his feelings around separation from his family.

